

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	Brindley Manor Private Nursing Home
Centre ID:	OSV-0000323
Centre address:	Letterkenny Road, Convoy, Donegal.
Telephone number:	074 914 7000
Email address:	brindleymanor@brindleyhealthcare.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	The Brindley Manor Federation of Nursing Homes
Provider Nominee:	Amanda Torrens
Lead inspector:	Geraldine Jolley
Support inspector(s):	PJ Wynne
Type of inspection	Unannounced
Number of residents on the date of inspection:	37
Number of vacancies on the date of inspection:	6

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 25 May 2016 10:00 To: 25 May 2016 17:30

The table below sets out the outcomes that were inspected against on this inspection.

Outcome	Our Judgment
Outcome 02: Governance and Management	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Substantially Compliant
Outcome 07: Safeguarding and Safety	Substantially Compliant
Outcome 08: Health and Safety and Risk Management	Non Compliant - Moderate
Outcome 09: Medication Management	Substantially Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 17: Residents' clothing and personal property and possessions	Substantially Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This was an unannounced monitoring inspection and took place over one day. It was undertaken to monitor ongoing compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended). The inspectors observed the delivery of care including social care and reviewed documentation such as care plans, accident/incident reports and health and safety procedures. The inspectors talked with residents and staff members including the person in charge and her deputy. An inspection of the premises was also undertaken.

Brindley Manor is a purpose designed building located a short distance from the town of Convoys, Co. Donegal. It can accommodate 43 residents. Accommodation for residents is provided in 33 single and 5 double bedrooms. All rooms except two single rooms have full ensuite facilities of shower, toilet and wash hand basin. There was appropriate communal areas where residents could sit and eat together in

comfort. The centre was found to be in good decorative condition. All areas were visible clean and many residents had personalised their rooms with photographs, books and ornaments.

The inspectors spoke with individual residents and with groups of residents during the inspection. All residents described the service in positive terms. Staff were described as "kind and helpful", "keen to help us when we need it" and "attentive". Some residents said that staff made an effort to take them out to the garden regularly. They said that food was "very good" and also said "the kitchen staff will prepare different meals if needed". Two residents told the inspectors about their health care needs and why they had moved into residential care. They said that they had adjusted well to the change and had been given a good range of information prior to the move and following admission. Residents had access to doctors and to the services of allied health professionals. Care plans outlined health and social care needs and were based on a range of evidence based assessments. The inspectors found that the standard of care planning was good, care plans reflected the needs of residents accurately and also reflected the health issues being addressed by doctors, managed by medication and staff interventions. Residents who had dementia were noted to be well supported by staff who were familiar with their abilities as well as their needs for support. Care, nursing staff and ancillary staff were well informed and could answer the inspectors' queries readily. They were familiar with individual residents' needs, wishes and preferences. They described how independence and well being was promoted by supporting residents to do as much as possible for themselves by encouraging residents to remain stimulated and engaged with their treatment programmes and daily activities. The person in charge and the staff team demonstrated good knowledge of the legislation and standards throughout the inspection. The inspectors found that the person in charge and her deputy provided good leadership and guidance to staff.

Systems to ensure the environment was safe for residents, staff and visitors were in place and there were policies and procedures to assess, monitor and analyse potential risks and control measures were in place to ensure risk was minimised. However some risks required more rigorous assessment and more effective controls. There were some exit doors that were not alarmed or fully secure which presented a risk as staff would not be alerted if a resident left the building. The fire safety arrangements were generally satisfactory and staff were familiar with the fire safety routines, the location of firefighting equipment and the actions they were required to take should the fire alarm be activated. However, several fire doors were noted to have had significant gaps or spaces which compromised capability to control smoke or fire.

The last inspection of this service took place on 9 December 2014 and was a thematic inspection that focused on end of life care and food and nutrition. The findings indicated that appropriate standards were in place in respect of both outcomes and the one non compliance outlined described the lack of choice on the menu at main meal times as required by regulation 18(1)-Food and Nutrition. This was identified again during this inspection as an issue for some residents. The areas for improvement are discussed in the body of the report. The inspectors found that risk management in particular required improvement. Some fire doors did not fit well

and compromised the fire safety arrangements, exit doors were not alarmed and staff could not be alerted if a resident left the building and the supply of hand gels in some areas required review. The Action Plan at the end of this report identifies mandatory improvements required to come into compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009(as amended).

Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

There is a clearly defined management structure that identifies the lines of authority and accountability for the organisation and management of the service. The person in charge is supported by an appropriately experienced nurse and an adequate staff team of nurses, care and ancillary staff.

Effective management systems and sufficient resources were in place to ensure the delivery of care met appropriate standards of quality and safety. There were some health and safety issues identified during this inspection that required management input and these are described in outcome 8-Health and Safety and Risk Management.

Judgment:

Compliant

Outcome 04: Suitable Person in Charge

The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The person in charge had taken over this role for this centre in October 2015. She had previously been person in charge of another of the organisation's centres Beach Hill for a number of years. She is a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service and works full time in the centre.

She came to the centre for part of the inspection as she was off duty. She conveyed good knowledge of the resident group and she was familiar with specific care needs being addressed. She had a good understanding of her legal responsibilities as described in the regulations and standards.

Residents knew the person in charge and her deputy and identified both as persons they go to if they had a serious problem. Otherwise residents said they would go to any member of staff to discuss a problem.

Judgment:
Compliant

Outcome 05: Documentation to be kept at a designated centre
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
Clear information about the service, the management, the facilities, and how to complain was provided to residents and visitors. One resident said, "I got all the information needed before I came in and after admission.

The inspectors observed that the way some information was made available required improvement. Residents were unsure of the daily menu choices or the times of meals. While the menu was displayed on the dining room door when the door was open this information could not be viewed easily and some residents said they did not know the menu was displayed.

Judgment:
Substantially Compliant

Outcome 07: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Measures to protect residents being harmed or suffering abuse were in place. Staff had received training in adult protection to ensure they could appropriately safeguard residents and protect them from harm and abuse. Staff knew what constituted abuse and could describe aspects of abuse such as neglect. They knew what to do in the event of an allegation, suspicion or disclosure of abuse, including how incidents were to be reported. There were no active incidents, allegations, or suspicions of abuse under investigation.

There was a visitors' record located in the reception area at the main entrance. This enabled staff to monitor the movement of persons in and out of the building to ensure the safety and security of residents. This was noted to be signed by visitors entering and leaving the building.

The centre had a policy on the use of restraint to ensure residents were protected from potential harm. This had been reviewed in January 2016. The use of any measures that could be considered as restraints such as bed rails was underpinned by an assessment however the inspectors found that in some instances the system of assessment needed review. In the sample of restraint assessments reviewed the inspectors found that while the most frequently recorded reason for bedrail use was to protect residents from falling out of bed some were put in place at the request of family members. The use of such equipment which is regarded as a restraint measure must be based on the clinical advice available and clear indications that bedrails are the only option of choice when other measures have failed should be recorded. The inspectors found that there was emphasis on promoting a restraint free environment and alternatives were put in place before the option of bedrails was selected.

There were some residents with fluctuating behaviour patterns and the inspectors saw that additional care and supervision care was provided where required to ensure resident's well being. There was a policy that provided staff with guidance on how to manage fluctuating and responsive behaviours and some staff had training that provided them with additional skills to manage such behaviour effectively and in a manner that protected the dignity of the resident. However this training had been completed in 2013 according to training records and there had been a turnover of staff since then. The

inspectors formed the view that further training was required to ensure adequate expertise was available across all shifts to support residents who had problems associated with dementia, confusion or behaviour changes.

Judgment:

Substantially Compliant

***Outcome 08: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.***

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

There were systems in place to promote and protect the safety of residents, staff and visitors to the centre however there were improvements required in some areas that included the fire safety arrangements and the security of the building. The centre had a health and safety statement and associated risk management procedures to guide staff in the identification and management of clinical and non clinical risks. There was good emphasis on general hazard identification and preventive actions were outlined. For example, where residents sustained falls and were unobserved, neurological observations were maintained to ensure that further injury or deterioration was detected expediently. Hazard signs were noted to be used when cleaning was in progress to alert staff and residents to the activity in progress.

There were systems in place to ensure infection control management and staff demonstrated good infection control knowledge and practice. There were hand sanitising solutions and gels available however the location and supply required review in parts of the building as staff did not have ready access to these throughout the building. There were supplies of personal protective equipment readily accessible to staff. There was a range of policies to guide staff in best practice.

Clinical risks such as skin fragility, tissue viability, compromised nutrition status and dementia were assessed and described in care records. Where risks were identified good practice protocols were introduced to minimise and control the risk identified. Accidents and incidents were recorded and there were descriptions of the events that happened and the measures taken to prevent recurrences.

Measures were in place to prevent accidents in the centre and in outside areas. The building was generally clutter free and there were grab rails in hallways and in bathrooms and toilets. A falls risk assessment was used to identify residents most at risk of falls to alert staff to their degree of vulnerability. Moving and handling assessments were available, were up to date and reflected resident's dependency, capacity to

mobilise, the number of staff needed to provide assistance with manoeuvres and residents' communication abilities. The assessments indicated where hoist transfers were required and there were hoists and slings available.

The fire safety arrangements included training for staff, the provision of a range of fire alert and fire control equipment and fire safety checks. There was a fire safety procedure and clear floor plans of the building that identified the routes to the fire exits were on display. A fire register was in place and this described the regular checks of fire fighting and fire alert equipment as well as fire drills and unplanned activations of the fire alarm. The service records indicated that the fire panel, extinguishers and emergency lights were serviced on a contract basis. There was a list of fire fighting equipment available as required. There were daily checks of the fire exits and alarm panel and these checks were up to date. Fire drills were conducted at intervals and the reports showed that areas identified for learning were outlined to inform future fire drill practices. There were several exit points from the building these were noted to be unobstructed. The inspectors noted that several fire doors had significant gaps at floor level which compromised capacity to control smoke or the spread of fire. The hazard associated with fire exit doors that were easy to open and not alarmed to alert staff should a resident leave the building or open the doors inadvertently had not been fully risk assessed. In view of the changing resident group and the admission of residents for periods of respite care where staff may not be fully familiar with their care needs the non alarmed fire exit doors should be reviewed to ensure the safety of residents and staff. A missing person notification sent to Hiqa in January 2016 described an incident when a resident had left the building unnoticed which placed further emphasis on the identification of this hazard and the need for remedial action.

Other areas that required attention included that the markings on beds to ensure the correct position of bedrails to prevent entrapment were missing on some beds and some rooms had significant electrical equipment plugged into sockets and trailing flexes that presented a safety hazard.

Judgment:
Non Compliant - Moderate

Outcome 09: Medication Management
Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The inspectors found that overall there were safe systems in place for the management of medication however some improvements were required. There was secure space to

store medication and medication trolleys. Standards of hygiene were good with equipment and the areas used to store clinical equipment noted to be visibly clean and tidy.

Nurses were well informed about the medication in use and residents' medication regimes. The inspectors found that arrangements were in place to have resident's medication reviewed by doctors, specialist services and nursing staff.

Medications that required special control measures were appropriately managed and kept in a secure cabinet in keeping with professional guidelines. Nurses maintained a register of controlled drugs. Two nurses signed and dated the register and the stock balance was checked and signed by two nurses at the change of each shift.

The following matters in relation to medication were found to need attention. Some medications were prescribed using a block signature system and where nurses transcribed medication such as nutrition supplements and medication to be given on an "as required" basis, there was only one signature.

Judgment:
Substantially Compliant

Outcome 11: Health and Social Care Needs
Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:
Effective care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
There were 37 residents in the centre during the inspection. The majority of residents were noted to have a range of complex healthcare issues and were being treated for more than one medical condition. Approximately ten residents had problems associated with confusion, dementia or a mental health problem. Over half the resident group were in advanced old age with fifteen residents aged between 80 and 90 and eleven aged over 90. There were no residents in receipt of end of life care and no pressure area problems being treated.

The arrangements to meet residents' assessed needs were set out in individual care plans which were maintained on a computer programme. Recognised assessment tools were used to evaluate residents' progress and to assess levels of risk for deterioration,

for example vulnerability to falls, dependency levels, nutritional care, risk of developing pressure area problems and moving and handling requirements. Four resident's care plans and certain aspects of other care plans related to the management of nutrition, fluctuating behaviours and dementia were reviewed. Care plans for residents assessed as high falls risk and who used bedrails were also examined.

The inspectors found that good standards of personal and nursing care were in place and this was supported by timely medical and allied health professional input when required. The risk assessments completed were suitably linked to care plans where a need/risk was identified. Staff conveyed good knowledge of the personal choices and wishes expressed by residents in relation to how they spent their time, the activities they attended and how they wished their personal care to be addressed. The inspectors saw evidence that care was delivered and routines followed in accordance with residents' choices. Residents were observed to get up at varied times throughout the morning and could remain in their bedrooms or go to the communal areas to meet others or to have breakfast. The sitting areas were well supervised and the inspectors observed that staff greeted residents and engaged them in conversation when they entered the sitting or dining room.

Care plans provided a good overview of residents' care and how care was delivered. On admission, a comprehensive nursing assessment and additional risk assessments were completed for all residents. This assessment was based on a range of evidence based practice tools. For example, a nutritional assessment tool was completed to identify risk of nutritional deficits, a falls risk assessment to determine vulnerability to falls and a tissue viability assessment to assess pressure area risk. The inspector noted that the assessments were used to inform care plans and that care was delivered in accordance with established criteria to ensure well being and prevent deterioration. They were updated at the required intervals or in a timely manner in response to a change in a resident's health condition. Residents had access to GP services and records showed that GP's visited the centre to review medications and to respond to changes in health care. Access to allied health professionals such as speech and language therapists, dieticians, occupational therapists and community mental health nurses was available. There was evidence that residents and relatives were involved in care plans and their views were recorded and incorporated into daily care practice.

The record of residents' health condition and treatment given each day and night was up to date and comprehensive in the sample of records examined. Reviews and evaluations of care were completed at the required intervals and when care needs changed. There were processes in place to ensure that when residents were admitted, transferred or discharged to and from the centre, relevant and appropriate information about their care and treatment was available and shared between providers and services. The inspectors noted that where changes in health care were noted by staff that these were discussed and medical advice and assessment sought expediently.

Residents had opportunities to participate in activities that suited their needs, interests and capacities. There was a varied social programme and activities were undertaken on a group and individual basis. Residents were positive about the opportunities they had to discuss the news, take part in exercise sessions and in storytelling. The inspectors observed people's interactions with members of staff. Residents were relaxed in the

company of staff. Staff were chatting with people in the lounge and one person who wished to go to their room and needed to be helped was safely guided by another member of staff.

The inspectors noted that where residents had dementia there was good detail on what activities residents responded to and reflections on their emotional and psychological health were recorded in daily records. Communication capacity was described and there was information available on orientation to surroundings, the social care needs of residents and how these were being addressed. A "Key to Me" document was used to determine earlier life interests, hobbies and occupation and this information was used to inform care practice including social care and staff interactions during activities such as reminiscence. Residents who had fluctuating behaviour patterns such as agitation were assessed using a recognised assessment tool and there was detailed information on the behaviours that presented, the extent of the problems and responses to staff interventions.

Food and nutritional requirements were assessed and monitored and residents were able to provide their views on the menus and indicate their particular preferences. There was regular monitoring of weight to detect fluctuations and staff were aware of the indicators that required referral to allied health professionals and medical staff. The inspectors saw that residents that were being monitored closely because they had lost weight were responding to enhanced nutrition and the care interventions in place. There were recommendations from allied health professionals which the inspectors found were being followed in practice. For example, the recommendation by the speech and language therapist to use a teaspoon and the hand over hand technique at mealtimes was being followed by staff.

Judgment:
Compliant

Outcome 16: Residents' Rights, Dignity and Consultation
Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:

The inspectors found that the centre had a relaxed comfortable atmosphere. Contacts between staff and residents were noted to be pleasant and respectful and there was plenty of general every day conversation in evidence. Staff could describe to the inspectors how they helped residents orientate to their environment and participate in day to day life to their maximum ability. Residents were offered clear choices, given time to respond to questions and were encouraged to do as much as they could for themselves. Activities were made interesting and a session of bingo undertaken during the day demonstrated this as it was made interactive to ensure the maximum participation of residents. Staff communicated effectively with people, responded to their needs promptly, and treated them with kindness and respect. Residents told the inspectors they were satisfied with the way staff cared for them. One resident told us, "I really like the staff; they are like family and they keep us informed about what is going on".

Visitors were welcomed throughout the day and there were no restrictions on visits. Residents had access to the television, radio and to daily and local newspapers. Staff said that residents really appreciated hearing local news and they kept them up to date with community events. Residents were able to spend time in private in their rooms when they chose to and people's privacy and dignity was respected and maintained at all times.

Judgment:
Compliant

Outcome 17: Residents' clothing and personal property and possessions
Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
Residents' bedrooms were personalised with photographs, pictures and other personal possessions. There was a record maintained of property that residents brought in to the centre.

The laundry was well equipped and clean. There was a system in place to reduce the loss of clothing however several items of clothing viewed by inspectors did not have a clear label to prevent loss. Some residents were heard saying that items had been mislaid and the inspectors found that the identification and labelling for clothing required improvement to prevent loss.

Judgment:
Substantially Compliant

Outcome 18: Suitable Staffing

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:

Workforce

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspectors reviewed staffing levels and discussed the staff allocation with the person in charge, her deputy and the staff team. They described how they allocated workloads and determined staffing requirements. The inspectors found that the day and night staff allocation was appropriate to meet the needs of residents. The inspectors observed that call-bells were answered promptly, staff were available to assist residents and there was appropriate supervision in the dining room and sitting areas throughout the inspection.

Staff told the inspectors that they were well supported and that a good team spirit had been developed within the centre. Nurses, carers and ancillary staff worked well together the inspectors was told. There was an induction programme for all new staff and staff said this enabled them to become familiar with residents needs and their preferences. There were a number of staff who were waiting for their nurse registration with An Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) to be processed so that they could take up positions as nurses in the centre.

The inspectors carried out interviews with varied staff members and found that they were knowledgeable about residents' individual needs, fire procedures and the system for reporting suspicions or allegations of abuse.

The inspectors were provided with details of the training that had been provided to staff during the past two years. This was noted to be identified in a systematic way that ensured that all mandatory training was completed within the required time frames. Training was described by staff as having a good impact on care practice. Staff described moving and handling training for example and said that the assessments they had available directed them to use specific equipment and also included factors such as communication capacity which was relevant when explaining manoeuvres to residents.

Judgment:

Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Geraldine Jolley
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Brindley Manor Private Nursing Home
Centre ID:	OSV-0000323
Date of inspection:	25/05/2016
Date of response:	21/07/2016

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 05: Documentation to be kept at a designated centre

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The arrangements for ensuring that residents were informed about aspects of life such as menu choices required improvement as some residents did not know what was on offer at meal times. The procedure for communication required review to ensure it was effective and met the needs of residents.

1. Action Required:

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

Under Regulation 04(3) you are required to: Review the policies and procedures referred to in regulation 4(1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.

Please state the actions you have taken or are planning to take:

The procedure for communication is being reviewed to ensure it is effective and meets the needs of residents

The menu is displayed on the dining room door, which is only open when residents are going in to dine

All residents are individually informed daily of menu

Proposed Timescale: 30/08/2016

Outcome 07: Safeguarding and Safety

Theme:

Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

While there were arrangements in place to manage incidents of fluctuating behaviour and training had been provided in 2013 further training was required in view of the staff turnover to ensure that staff were competent and appropriately informed on how to identify and manage such behaviours.

2. Action Required:

Under Regulation 07(1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.

Please state the actions you have taken or are planning to take:

We are introducing a model of care which incorporates behaviour identification and management

Resident Assessment and staff training is scheduled to be completed by early autumn

Proposed Timescale: 30/09/2016

Theme:

Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The use of equipment such as bedrails which is regarded as a restraint measure must

be based on the clinical advice available and clear indications that the use of such equipment is the only option of choice when other measures have failed should be recorded.

3. Action Required:

Under Regulation 07(3) you are required to: Ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.

Please state the actions you have taken or are planning to take:

Beds where bedrails are in use have been reviewed to ensure correct positioning of bedrails

Proposed Timescale: 11/07/2016

Outcome 08: Health and Safety and Risk Management

Theme:

Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The non alarmed final fire exit doors did not adequately take the changing needs of residents into account and would not alert staff should a resident accidentally open the doors and leave the building.

The risk associated with multiple electrical appliances in a small number of sockets and trailing flexes had not been adequately assessed to prevent accidents.

4. Action Required:

Under Regulation 26(1)(a) you are required to: Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.

Please state the actions you have taken or are planning to take:

In light of our changing resident needs, we have sourced a system which will alert staff in the event of a door being opened accidentally.

Risk assessment of the small number of sockets which serve more than one appliance and their flexes, is complete. All have been entered on the risk register with the appropriate controls documented and made safe.

Proposed Timescale: 31/08/2016

Theme:

Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The supply and location of hand gels and sanitising solutions required review in parts of the building to ensure adequate supplies were readily available.

5. Action Required:

Under Regulation 27 you are required to: Ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.

Please state the actions you have taken or are planning to take:

Siting of hand sanitisers has been reviewed to ensure accessible dispensers are strategically placed throughout the building

Proposed Timescale: 31/07/2016

Theme:

Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Some fire doors had significant gaps that would not contain the spread of smoke or fire.

6. Action Required:

Under Regulation 28(2)(i) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

Please state the actions you have taken or are planning to take:

In conjunction with our architect and a suitably qualified engineer, a full audit of our fire doors is scheduled, with any remedial action to follow.

Proposed Timescale: 31/08/2016

Outcome 09: Medication Management

Theme:

Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Some medications were prescribed using a block signature system.

Where nurses transcribed medication such as nutrition supplements and medication to be given on an "as required" basis there was only one signature.

7. Action Required:

Under Regulation 29(5) you are required to: Ensure that all medicinal products are

administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

Please state the actions you have taken or are planning to take:

GP's attending residents in the home have been advised that the practice of 'block signature' is causing non-compliance in this area and have been encouraged to sign each item prescribed, individually.

Every resident's prescription is currently under review and amendment to ensure that nurses are transcribing as per policy

Proposed Timescale: 31/07/2016

Outcome 17: Residents' clothing and personal property and possessions

Theme:

Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Some clothing belonging to residents did not have clear labels to identify ownership.

8. Action Required:

Under Regulation 12(b) you are required to: Ensure each resident's linen and clothes are laundered regularly and returned to that resident.

Please state the actions you have taken or are planning to take:

Alternative systems of labelling resident clothing are currently being trialled, following which, the system which performs best will be implemented

Proposed Timescale: 31/07/2016